

<b>Effective on 12/08/2004.</b> <b>FEE TRANSMITTAL</b> <b>For FY 2009</b>		<b>Complete if Known</b>	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number: 10/556,653-Conf. #6541 Filing Date: September 7, 2007 First Named Inventor: Martha Karen Newell Examiner Name: S. T. Kapushoc Art Unit: 1634 Attorney Docket No.: C1102.70018US00	
TOTAL AMOUNT OF PAYMENT		(\$) 555.00	

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account    Deposit Account Number: <u>23/2825</u> Deposit Account Name: <u>Wolf, Greenfield &amp; Sacks, P.C.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	
Utility	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Design	330	165	540	270	220	110	
Plant	220	110	100	50	140	70	
Reissue	220	110	330	165	170	85	
Provisional	330	165	540	270	650	325	
	220	110	0	0	0	0	

2. EXCESS CLAIM FEES		
Fee Description	Small Entity	Small Entity
Each claim over 20 (including Reissues)	Fee (\$)	Fee (\$)
Each independent claim over 3 (including Reissues)	52	26
Multiple dependent claims	220	110
	390	195
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee Paid (\$)</b>
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee Paid (\$)</b>
HP = highest number of independent claims paid for, if greater than 3.		

<b>3. APPLICATION SIZE FEE</b> If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee Paid (\$)
_____	_____	_____	_____
- 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____			
<b>4. OTHER FEE(S)</b> Non-English Specification, \$130 fee (no small entity discount) _____ Other (e.g., late filing surcharge): 2253 Extension for response within third month _____ <b>555.00</b>			

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	39,248
Name (Print/Type)	Helen C. Lockhart	Date	March 29, 2011

<b>Certificate of Electronic Filing Under 37 CFR 1.14</b> I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: March 29, 2011	Signature: